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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/996,479	11/27/2001	Paul Francis	005657.P001	2715
32294	7590 05/30/2006		EXAMINER	
SQUIRE, SANDERS & DEMPSEY L.L.P. 14TH FLOOR			QURESHI, AFSAR M	
8000 TOWERS CRESCENT			ART UNIT	PAPER NUMBER
TYSONS CO	RNER, VA 22182		2616	

DATE MAILED: 05/30/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)
Interview Summary	09/996,479	FRANCIS ET AL.
into view dammary	Examiner	Art Unit
	Afsar M. Qureshi	2616
All participants (applicant, applicant's representative, PTC	O personnel):	
(1) <u>Afsar M. Qureshi</u> .	(3)	
(2) <u>m. aLbASSAM</u> .	(4)	
Date of Interview: 16 May 2006.	·	
Type: a)☐ Telephonic b)☐ Video Conference c)☒ Personal [copy given to: 1)☐ applicant	2) ☐ applicant's representative	e]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u> No.</u>	
Claim(s) discussed: All Claims.		
Identification of prior art discussed: Yes.		
Agreement with respect to the claims f) was reached.	g)⊠ was not reached. h) N	I/A.
Substance of Interview including description of the general reached, or any other comments: <u>Applicant's invention was discussed in order to put application is condition for allow endeavor.</u> No decision was reached.	as described and possible amer ance. Examiner cited ivention b	ndment to claims was y Others in the same field of
(A fuller description, if necessary, and a copy of the amen allowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached	copy of the amendments that w	
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS IN FILE A STATEMENT OF THE SUBSTANCE OF THE INTERQUIREMENTS on reverse side or on attached sheet.	e last Office action has already R OF ONE MONTH OR THIRTY TERVIEW SUMMARY FORM, Y	been filed, APPLICANT IS / DAYS FROM THIS WHICHEVER IS LATER, TO
	aq	Iwell.
	AERAR (NURESHI

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required